STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s): Debra Miller, Julianne McConnell, Tara Reardon

II. Name of lobbyist's	partnership, firm or	corporation, if a	ny:		
New Hampshir	e Community Loa	ın Fund			
(Nan	e of partnership, firm or o	corporation)			·
7 Wall Street		Concord	. NH	l	03301
Business Address: (Str	cet)	(Town/City)	(Star	te)	(Zip Code)
(603) 224-6669	(603)	225-7425	e-mail ko	dery@commu	nityloanfund.org
(Telephone)	(003)	(Fax)			
	vers: (Choose one – fi ansactions which are sactions occurring in th	not attributable t	o any one client).		,
<u>OR</u>	(Full Name of Client as				
☐ All reportable trans unrelated to any partice	-	(including the lob	byist's family), or the	: lobbying firm li	sted below which are
IV. Date of Report Reports cover: activi	April 25, 2018 ty from date of registration	on to 3/31/18	July 25, 201 activity from 4/1/18		
	October 31, 2018 Ductivity from 7/1/18 to 9/3		January 30, activity from 10/1/1		
V. There have been If this box is checked, of Concord, NH 03301.	no fees received and complete just this form				
VI. Check if additions	al reports are attached	d:			
	ed fees or made expend		ile Addendum A– Fo	ees and Expenses	
☐ If you have paid as Expense Reimburseme	n honorarium or reimbunt	irsed expenses, yo	u must file Addendu	m B- Report of	Honorariums or
☐ If you, your firm, o	or your family has mad	e political contrib	utions, you must file .	Addendum C– F	Political Contribution
(Signature of lobbyist	SA 15-B, RSA 14-C are st of my knowledge and		ereby swear or affirm	that the foregoin	ng information is true

LEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Miller, Julianne McConnell, Tar	ra Reardon
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grand reduced by any expenses:	t relations, or public relations services loss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	
c) Total of all fees received to date (Add lines a and b)	c) \$
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported. a) Total aggregate expenses for this reporting period for salaries, benefits,	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of all ele: meals purchased during a businesses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of er than \$25, but not greater than \$50 s, expense reimbursement, or political ted on Addendum A.
support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$ b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 70.66
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$298.75
f) Total of all expenses year to date	f) \$369.42_
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Allpomle	7/31/18
(Signature of lobbyist)	(Date)
DEBRA MILLER	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: New Hampshire	Community Loan Fund
			corporation and not related to any
particular client):			· · · · · · · · · · · · · · · · · · ·
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018 🔯	October 31, 2018 🗆	January 30, 2019 □
•	· · · · · · · · · · · · · · · · · · ·		nd Expenses described above, and umber of Addendum forms being
X Addendum A((s).		
Addendum B(s).	•	
Addendum C(s).		
-	rm that the foregoing ir f my knowledge and be		nt and each Addendum is true and
AUNDY	mll		7/21/18
(Signature of lobbyist)	•	(Date)
Debra Miller		,	
Print Name of Johhvi	et)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis
Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: New Hampshire	Community Loan Fund
Name of Client (leave	blank if Statement is fo		corporation and not related to any
Date of Report (check	one):		
April 25, 2018	July 25, 2018 🕱	October 31, 2018 🗆	January 30, 2019 □
			nd Expenses described above, and umber of Addendum forms being.
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
complete to the best of	m that the foregoing in fing knowledge and be		nt and each Addendum is true and 7 31 18 (Date)
Julianne McCor	nnell		•
(Print Name of lobbyi	st)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying parts	nership, firm, or corpo	nration: New Hampshire	Community Loan Fund	j
	lank if Statement is fo	or the partnership, firm, or	corporation and not related (
Date of Report (check o	one):			
April 25, 2018 🗆	July 25, 2018 💆	October 31, 2018 🗆	January 30, 2019 □	
			d Expenses described above amber of Addendum forms	
X Addendum A(s)) <i>.</i>			
Addendum B(s)				
Addendum C(s)				
(Signature of lobbyist) Tara Beardon	ny knowledge and be		nt and each Addendum is tru	e and
(Print Name of lobbyist))	•		